

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037569

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9162

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

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77

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED SEP 19 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN  
St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION  
Homer G. Phillips

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

c. CITY OR TOWN  
St. Louis

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1525 Deer

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
Floyd

Middle  
L.

Last  
Gilbert

4. DATE OF DEATH

Month  
9

Day  
11

Year  
63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-22-1903

9. AGE (last birthday)

59

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY

Pvt. Families

11. BIRTHPLACE (City and state or country)

Prospect, Tenn

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Lewis Gilbert

13b. MOTHER'S MAIDEN NAME

Lydia Wilson

14. NAME OF HUSBAND OR WIFE

Florence Gilbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No none

16. SOCIAL SECURITY NO.

17. INFORMANT

Florence Gilbert 1525 Deer Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Embolism

INTERVAL BETWEEN ONSET AND DEATH  
Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pulmonary Abscess

DUE TO (c)

521X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT. SUICIDE. HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7-28-63

to

9-11-63

and last saw him alive on 9-11-63

Death occurred at

1445 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type name or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

9-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9/14/63

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

C.W. Roberts Und. Co 1416 N. Taylor Ave

25. DATE RECD. BY LOCAL REG.

SEP 12 1963

26. REGISTRAR'S SIGNATURE

Loal Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

12-11-63

MISSOURI

MISSOURI

MISSOURI

MISSOURI

St. Louis

St. Louis

1225 Dear

Home G. Phillips

63 11 9

Gilbert

Floyd

Heard

Male

Under

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*W. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

ED-11-9 x

ED-11-9

ED-8S-7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

ED-11-9